

# Work Order ID 51776

September 3, 2009 7:45:15 AM



Page 1

Item ID: D3595-063-530

Accept



Setup Start



Revision ID: A

Stop



Item Name: RUBBER CUSHION

Start Date: 9/03/09 Start Qty: 50.00



Cust Item ID:

Required Date: 9/08/09 Req'd Qty: 50.00



Customer:

Reference:

Approvals:

Process Plan:

*[Signature]*

Date:

Tooling:

Date:

Run Start



QC:

Date:

SPC (Y/N):

Date:

Stop



| Sequence ID/<br>Work Center ID | Operation<br>Description   | Set Up/<br>Run Hours | Draw<br>Number | Draw<br>Rev. | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp |
|--------------------------------|--|----------------------|----------------|--------------|--------------|---------------|---------------|------------------|----------------|
| <b>Draw Nbr</b>                | <b>Revision Nbr</b>  |                      |                |              |              | 104           |               |                  |                |
| D3595                          | Rev A  |                      |                |              |              |               |               |                  |                |
| 100                            |  | 0.00                 |                |              |              |               |               |                  |                |
|                                | FLOW WATER JET   |                      |                |              |              |               |               |                  |                |
| Waterjet                       | <b>Memo</b>  | 0.00                 |                |              |              |               |               |                  |                |
| FLOW CNC Waterjet              | 1-Cut as per Dwg D3595<br>Dwg Rev: <u>A</u><br>Prog Rev: <u>A</u><br>2-Deburr if necessary |                      |                |              |              |               |               |                  |                |
| 110                            |  | 0.00                 |                |              |              |               |               |                  |                |
|                                | QC2- Inspect parts off machine FAI/FAIB  |                      |                |              |              |               |               |                  |                |
| QC                             | <b>Memo</b>  | 0.00                 |                |              |              |               |               |                  |                |
| Quality Control                |  |                      |                |              |              |               |               |                  |                |
| 120                            |  | 0.00                 |                |              |              |               |               |                  |                |
|                                | QC8- Inspect parts - second check  |                      |                |              |              |               |               |                  |                |
| QC                             | <b>Memo</b>  | 0.00                 |                |              |              |               |               |                  |                |
| Quality Control                |  |                      |                |              |              |               |               |                  |                |

B 9-9-3

104

B 9-9-3

104  
QSP019

*[Signature]*  
0505-04

| W/O: |      | WORK ORDER CHANGES |    |      |     |                                     |                          |
|------|------|--------------------|----|------|-----|-------------------------------------|--------------------------|
| DATE | STEP | PROCEDURE CHANGE   | By | Date | Qty | Approval<br>Chief Eng /<br>Prod Mgr | Approval<br>QC Inspector |
|      |      |                    |    |      |     |                                     |                          |
|      |      |                    |    |      |     |                                     |                          |

Part No: \_\_\_\_\_ PAR #: \_\_\_\_\_ Fault Category: \_\_\_\_\_ NCR: Yes No DQA: \_\_\_\_\_ Date: \_\_\_\_\_

Resolution: \_\_\_\_\_ Disposition: \_\_\_\_\_ QA: N/C Closed: \_\_\_\_\_ Date: \_\_\_\_\_

| NCR: |      | WORK ORDER NON-CONFORMANCE (NCR) |                             |                                 |                |                           |                       |                          |
|------|------|----------------------------------|-----------------------------|---------------------------------|----------------|---------------------------|-----------------------|--------------------------|
| DATE | STEP | Description of NC<br>Section A   | Corrective Action Section B |                                 |                | Verification<br>Section C | Approval<br>Chief Eng | Approval<br>QC Inspector |
|      |      |                                  | Initial<br>Chief Eng        | Action Description<br>Chief Eng | Sign &<br>Date |                           |                       |                          |
|      |      |                                  |                             |                                 |                |                           |                       |                          |
|      |      |                                  |                             |                                 |                |                           |                       |                          |
|      |      |                                  |                             |                                 |                |                           |                       |                          |

**NOTE:** Date & initial all entries

**Work Order ID 51776**

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September 3, 2009 7:45:15 AM

Item ID: D3595-063-530

Accept



Setup Start



Revision ID: A

Stop



Item Name: RUBBER CUSHION

Start Date: 9/03/09 Start Qty: 50.00



Cust Item ID:

Required Date: 9/08/09 Req'd Qty: 50.00



Customer:

Reference:

Run Start



Approvals:

Process Plan:

Date:

Tooling:

Date:

Stop



QC:

Date:

SPC (Y/N):

Date:

Sequence ID/  
Work Center IDOperation  
DescriptionSet Up/  
Run HoursDraw  
NumberDraw  
Rev.Plan  
CodeAccept  
QtyReject  
QtyReject  
NumberInsp.  
Stamp

130

Identify as per dwg & Stock Location: LG

0.00



Packaging

Memo

0.00

Packaging

MA 09 09 14

140

QC21- Final Inspection - Work Order Release

0.00



QC

Memo

0.00

Quality Control

09/09/14  
BA 09-9-14

| W/O: |      | WORK ORDER CHANGES |    |      |     |                                     |                          |
|------|------|--------------------|----|------|-----|-------------------------------------|--------------------------|
| DATE | STEP | PROCEDURE CHANGE   | By | Date | Qty | Approval<br>Chief Eng /<br>Prod Mgr | Approval<br>QC Inspector |
|      |      |                    |    |      |     |                                     |                          |
|      |      |                    |    |      |     |                                     |                          |

Part No: \_\_\_\_\_ PAR #: \_\_\_\_\_ Fault Category: \_\_\_\_\_ NCR: Yes No DQA: \_\_\_\_\_ Date: \_\_\_\_\_

Resolution: \_\_\_\_\_ Disposition: \_\_\_\_\_ QA: N/C Closed: \_\_\_\_\_ Date: \_\_\_\_\_

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|      |      |                                  | Initial<br>Chief Eng        | Action Description<br>Chief Eng | Sign &<br>Date |                           |                       |                          |
|      |      |                                  |                             |                                 |                |                           |                       |                          |
|      |      |                                  |                             |                                 |                |                           |                       |                          |
|      |      |                                  |                             |                                 |                |                           |                       |                          |

**NOTE:** Date & initial all entries

# Picklist Print

September 3, 2009 7:45:14 AM

Page 1

Work Order ID: 51776



Parent Item: D3595-063-530RevA



Parent Item Name: RUBBER CUSHION

Start Date: 9/03/09

Required Date: 9/08/09

Comments:

Start Qty: 50.00

Required Qty: 50.00

| Component Item ID/<br>Item Name | Replacement<br>Item ID | Mfg/<br>Purch | Bin<br>Item | Primary<br>Location | Last<br>Location | Route<br>Seq ID | Unit of<br>Measure | Qty on<br>Hand | Remaining<br>Qty To Pick | Qty<br>Issued | Date<br>Issued | Status |
|---------------------------------|------------------------|---------------|-------------|---------------------|------------------|-----------------|--------------------|----------------|--------------------------|---------------|----------------|--------|
| MNEO80S.125                     |                        | Purchased     | No          |                     |                  | 100             | sf                 | 119.5428       | 1.0842                   |               |                |        |



NEOPRENE SHEET 0.125



18 9-9-3

Warehouse

Loc Qty

Loc Code

Location

Main Warehouse

MAT

119.5428

103838

119.5428

103838

| W/O: |      | WORK ORDER CHANGES |    |      |     |                                     |                          |
|------|------|--------------------|----|------|-----|-------------------------------------|--------------------------|
| DATE | STEP | PROCEDURE CHANGE   | By | Date | Qty | Approval<br>Chief Eng /<br>Prod Mgr | Approval<br>QC Inspector |
|      |      |                    |    |      |     |                                     |                          |
|      |      |                    |    |      |     |                                     |                          |

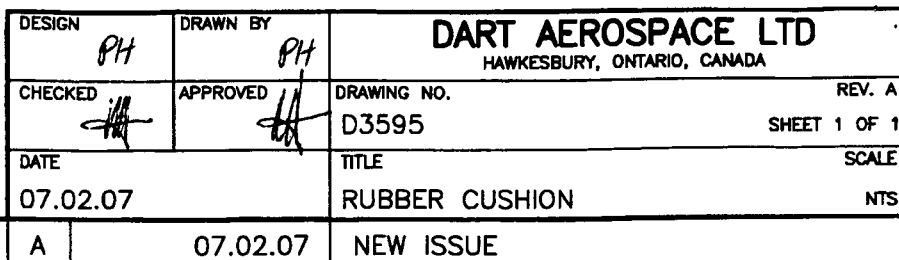
Part No: \_\_\_\_\_ PAR #: \_\_\_\_\_ Fault Category: \_\_\_\_\_ NCR: Yes No DQA: \_\_\_\_\_ Date: \_\_\_\_\_

Resolution: \_\_\_\_\_ Disposition: \_\_\_\_\_ QA: N/C Closed: \_\_\_\_\_ Date: \_\_\_\_\_

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|      |      |                                  | Initial<br>Chief Eng        | Action Description<br>Chief Eng | Sign &<br>Date |                           |                       |                          |
|      |      |                                  |                             |                                 |                |                           |                       |                          |
|      |      |                                  |                             |                                 |                |                           |                       |                          |
|      |      |                                  |                             |                                 |                |                           |                       |                          |

**NOTE:** Date & initial all entries





RELEASED

07.02.14

Diagram illustrating the dimensions of a rectangular plate:

- LENGTH (REF)**: The horizontal dimension of the plate.
- WIDTH (REF)**: The vertical dimension of the plate.
- 0.125 (STOCK, REF)**: The stock allowance, indicated by a dimension line on the left side of the plate.

SPECIFICATION: D3595-XXX-YYY RUBBER CUSHION

WIDTH |  
LENGTH

EG: 0.75"x4.30" RUBBER CUSHION = D3595-075-430

## NOTES

- 1) MATERIAL: BLACK NEOPRENE SHEET, 0.125 THICK,  
80 DUROMETER (REF DART SPEC. M-NEO80-S.125)
- 2) FINISH: NONE
- 3) ALL DIMENSIONS ARE IN INCHES
- 4) TOLERANCES ARE PER DART QSI 018 UNLESS OTHERWISE NOTED

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|      |      |                    |    |      |     |                                     |                          |
|      |      |                    |    |      |     |                                     |                          |

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Resolution: \_\_\_\_\_ Disposition: \_\_\_\_\_ QA: N/C Closed: \_\_\_\_\_ Date: \_\_\_\_\_

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|      |      |                                  |                             |                                 |                |                           |                       |                          |
|      |      |                                  |                             |                                 |                |                           |                       |                          |
|      |      |                                  |                             |                                 |                |                           |                       |                          |

**NOTE:** Date & initial all entries